

SECRET
Classification

REPORTS INVENTORY						CONTROL NO. DDS/OF-136					
PREPARE IN DUPLICATE											
1. TITLE OF REPORT (If a fill-in report include Form No.) Dollar Value of Nonexpendable Cryptographic Material						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING					
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify) <input checked="" type="checkbox"/> Communications					
		LOGISTICS		SECURITY							
		MEDICAL		<input checked="" type="checkbox"/> FINANCE							
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Semi-Annual				6. DISTRIBUTION (No. of components not number of copies) 2					
7. FORMAT (memorandum, form, computer print-out, etc.) Memorandum		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>YES</td> <td>IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td><input checked="" type="checkbox"/> NO</td> <td></td> </tr> </table>				YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT Memo to D/Commo and Log fm. D/Fin., 5 Nov 1964	
YES	IF YES GIVE ADP PROCESSING NO.										
<input checked="" type="checkbox"/> NO											
10. PREPARING COMPONENT (include lowest level contributing information to report) Communications Security Staff				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)							
12. COST FACTORS											
A. MANUAL PREPARATION AND REVIEW COSTS											
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR				
GS-11	\$6.11		1	=	\$6.11		2 = \$12.22				
(Assumed to be extracted from Machine Print-out)											
B. COSTS OF COMPUTER PRODUCED REPORTS											
TOTAL COSTS PER YEAR						\$ 12.22					
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.											
14. FUTURE GOALS											
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS					
						MAN-HOURS		DOLLARS			
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION					